

BLANKET ORDER

No. 2012-00002193

DATE: 08/29/2012

PAGE: 1 of 1

FOB DESTINATION

Ship To

CITY OF TROY
Engineering
500 W BIG BEAVER RD
TROY, MI 48084

Bill To

CITY OF TROY
Engineering
500 W BIG BEAVER RD
TROY, MI 48084

COUNCIL RESOLUTION
< \$10K

VENDOR NO. 162133

CHANGE ORDER

Vendor

UNIVERSAL CONSOLIDATED ENTERPRISES
17625 E. TEN MILE RD
ROSEVILLE, MI 48066

COPY

QUANTITIES ARE ESTIMATED AND WILL BE ORDERED AS NEEDED

QUANTITY	UNIT	DESCRIPTION	STATUS	UNIT COST	TOTAL COST
1	Each	Bid Surety:	New Item	0.0000	\$0.00
		----- Your bid deposit check #502095278 in the amount of \$1,600.00 will be retained as performance surety until successful completion of all contract requirements.			
1	Lump Sum	Demolition of 6695 John R COMPLETION DATE: To commence within ten (10) working days of notice to proceed and be completed within one calendar-week DISPOSAL SITE: Metro Sanitation (586)756-1006 PAYMENT TERMS: Net 45 Days ----- RESIDENTIAL BUILDERS' AND MAINTENANCE & ALTERATION CONTRACTORS' BOARD RESIDENTIAL BUILDER LICENSE A1255042	Open	9,989.0000	\$9,989.00

Entered By: Susan Leirstein

\$9,989.00

Special Instructions:

Contract to furnish all Labor, Materials, and Equipment for the Demolition of Various Buildings and Structures located at 6695 John R Road in the City of Troy, in accordance with the specifications and addendum for ITB-COT 12-14 at the prices stated above INSURANCE ON FILE ...

TERMS & CONDITIONS

1. Purchases of Municipalities are exempt from State Sales and Federal Excise Taxes.
2. Prior to acceptance, vendor agrees to provide City with information under the Right-to-Know Law, P.A. 1986, No. 80, and fully comply with all terms and conditions of the Michigan Occupational Safety and Health Act, MCL 408.1001, et seq. including vendor shall provide City with an "MSDS". Vendor also agrees to be responsible for all required labeling.
3. In cases of emergency/disaster, the City can purchase up to six(6) times the order amount for a period of six(6) months at the price contained in the contract.
4. Purchase Orders are signed electronically based upon computer generated "on-line" authorized approvals. Authentic signatures are on file in the City of Troy Purchasing Department.

NOTICE: The City could put the vendor on notice that vendors will be held financially responsible for any claims or awards made against the City as a result of the vendor's action. If the City has to defend the initial lawsuit, the City will bring in the vendor as a co-defendant or sue the vendor, either as the result of settling a claim or the conclusion of the lawsuit.

I HEREBY CERTIFY THAT THIS ORDER IS PROPERLY AUTHORIZED AND APPROVED.

Susan Leirstein

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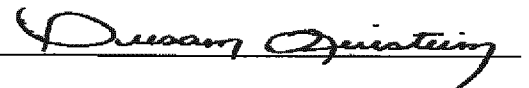
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SBP: 12-14 DATE RECEIVED: 8/13/12

NAME: Demolition of Bldgs + Structures

DATE of recommended award: 8/13/12 SL

DATE of letter stating vendor will provide certificate of insurance if awarded all or part of the bid: _____

DATE of certificate of insurance meeting specs: 8/28/12

DATE of completion: 8/28/12

NOTES:

8/13/12 Recommendation

Universal Consolidated Enterprises;

Bradley Wolfbower
586-772-4854

8/16/12 Left message for Bradley to call or send cert.

8/27/12 Email request to have cert sent corrected and forwarded.

8/28/12 Ins okay



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/27/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Morris Insurance Group, Inc. Little-Killebrew-Steiger 22440 Hall Road Clinton Township MI 48036	CONTACT NAME: Susan Pauley PHONE (A/C, No, Ext): (586) 569-0440 FAX (A/C, No): (586) 569-0384 E-MAIL ADDRESS: sue.pauley@morrisinsurancegroup.com PRODUCER CUSTOMER ID#: 00012651
INSURED Universal Consolidated Enterprises, Inc. & Bradley A. Wolfbauer DBA Universal Consolidated Enterprises 17625 E. 10 Mile Rd. Roseville MI 48066	INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Companies INSURER B: Accident Fund of MI 10166 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER: CL1251004043** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			EPP 0024891	5/16/2012	5/16/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> City of Troy		<input checked="" type="checkbox"/>				PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG						PRODUCTS - COM/PROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY			EPP 0024891	5/16/2012	5/16/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS						PIP-Basic \$
	NON-OWNED AUTOS						Uninsured motorist combined \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			EPP 0024891	5/16/2012	5/16/2013	EACH OCCURRENCE \$ 3,000,000
	EXCESS LIAB						AGGREGATE \$ 3,000,000
	DEDUCTIBLE						\$
	RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV6058874	8/21/2012	8/21/2013	WC STATU-TORY LIMITS
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y/N					E.L. EACH ACCIDENT \$ 1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> N/A					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
A	Leased or Rented Equipment			EPP 0024891	5/16/2012	5/16/2013	E.L. DISEASE - POLICY LIMIT \$ 1,000,000 \$1000 Ded 450,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Additional Insured: City of Troy including architects and Engineers, all elected and appointed officials, all employees and volunteers, boards, commissions and/or authorities and their board members, employees and volunteers additional insured on ISO form B or broader. A 30 day notice of cancellation will apply.

CERTIFICATE HOLDER (248) 524-3328 City of Troy Stephen Cooperrider 500W. Big Beaver Rd Troy, MI 48084	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE James Burger/SLP
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Susan A Leirstein

From: City of Troy - MI [Eproc_Awards@bidnet.com]
Sent: Wednesday, August 29, 2012 1:07 PM
To: Purchasing Distribution
Subject: Message from City of Troy - MI

Ms Susan Leirstein:

City of Troy - MI has awarded ITB-COT 12-14, Demolition, that was originally issued on 7/24/2012 @ 8:16 AM.

Original Document Information:

Title of Notice:	Demolition
Solicitation Number:	ITB-COT 12-14
Deadline:	8/8/2012 prior to 10:00 AM E.D.T.

Company Name	Estimated Award	Comments
Universal Consolidated Enterprises	\$9,989.00	Complete for the sum of - Low Bidder

DO NOT FORWARD this message to any unauthorized user or another person outside of your company. This information is only intended for the recipient shown at MITN Buyer Account.

[Click here](#) to log in to see more detailed information. Please feel free to call me with any questions at (248) 524 - 3338.

Sincerely,

Ms Susan Leirstein
Purchasing Director

This message may contain information which is privileged or confidential. If you are not the named addressee of this message please destroy it without reading, using, copying or disclosing its contents to any other person.